MAY-19-2006	14:04 f	ARTZ ARTZ LA	W OFFICE	S	24	8 2239	9522 P.0	1/01
				ail Mail Stop ISSUE	FEE			•
Complete and Began	this form, together wi	ru sbbricanie ie	ray, w. Ith	Mail Stop ISSUE Commissioner for P.O. Box 1450				
	4078		-	Alexandria, Virgi	nia 22313-1450			
MAY 1 9 200	<u>ه</u> اه		or E	AX (571)-273-2885	red) Blacks I this	sugh 5 sh	ould be complete	d where
STREETIONS: This for	m should be used for trans	mitting the ISSUE atent, advance orde	FEE and Pu	BLICATION FEE (if requiation of maintenance feet were correspondence address; Note: A certificate of Page 17 Tensmittal Th	ill be mailed to the	current	correspondence ac rate "FEE ADDR	idress as ESS" for
dicated taless corrected b	or directed otherwise	in Block 1, by (a)	specitying a r	Note: A corritionte of	mailing can only b	e used for	domestic mailin	gs of the
CURRENT COR	ADDRESS (Note: Use Block I for a	ny change of address)		Note: A certificate of Fee(s) Transmittal. Thi papers. Each additiona have its own certificate	is certificate cannot i paper, such as an of mailing or trans	be used fi assignmer mission	or any other accord at or formal drawi	ing, must
75!	90 02/21/2006							
Jeffrey J. Chapp Artz & Artz, P.C.				Cer I hereby certify that th States Postal Service v addressed to the Mai transmitted to the USP	vith sufficient posts 1 Stop ISSUE FEE TO (571) 273-2885	ge for first address on the d	t class mail in an above, or being ate indicated below	cavelape facsimile v.
Suite 250				Jo Anne Ca			(Depor	iora pame)
28333 Telegraph R Southfield, MI 480	.0au 34				1/4. 1	s k	115	(Signeture)
Outlines 11 11 111				May 19, 20				(Duc)
					ATTORNEY DOC	ET NO.	CONFIRMATIO	N NO.
APPLICATION NO.	FILING DATE	F	IRST NAMED		03966(LC 0128		4905	
10/613,251	07/03/2003		Bad D. H	· ·	03900(120 0120	100)		
ITTLE OF INVENTION: T	UNED VIBRATION ABSO	RBING SYSTEM	PUK A SEAT	\$151EW				
APPLN. TYPE	SMALL ENTITY	1\$\$UB FE	E	PUBLICATION FEE	TOTAL FEE(S)	DUE	DATÉ DU	E
	NO	\$1400	1	\$300	05/22/2006 TBE	SHAH2 01	05/22/200 10000044 50047	x6 6 10613
AD TIP			THE CHARGE AND A CO.					
BROWN, PETER R 3636				297-463100	02 FC:1504		.00 DA	
			2. For print	ing on the patent front page,	list	Trows]	T LeFont:	aine
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the pages, non-page, install [1] the names of up to 3 registered patent attorneys or agents OR, alternatively,					
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			and the state of the charge as a member a					
PTO/SB/47; Rev 03-02 Number is required.	ation (or "Fee Address" Indi- or more recent) attached. U	(2) the name of a single firm (having as a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.						
3. ASSIGNEE NAME AN	D RESIDENCE DATA TO	BE PRINTED ON	THE PATENT	(print or type)	anne is identified b	elow the	document has be	en filed for
PLEASE NOTE: Unle	ss an assignee is identified in 37 CFR 3.11. Completion	below, no assignee n of this form is NO	data will app T a substitute	car on the patent. If an assi, for filing an assignment.	fines is tornamen a	olow, and		
(A) NAME OF ASSIG	NEE		(B) RESIDE	NCE: (CITY and STATE OF	R COUNTRY)			
Lear Corpor	ration			hfield, MI	US			
Please check the appropris	ate assignee category or cate	gories (will not be p	rinted on the p	atent): 🔲 Individual 🔀	Corporation or other	r private g	roup entity 🔲 C	overnment
4a. The following fee(s) as	re enclosed:	4	b. Payment of	Fec(s):	13			
Sissue Fee				in the amount of the fee(s) is by credit card. Form PTO-20	NR is attached.			
Publication Fee (No small entity discount permitted) Advance Order - # of Copies				etor is hereby authorized by c Account Number 50-0	harge the required i	ee(s), or c	redit any overpay	mçut, tö omi).
			Deposit	Account Number	410 (4.1.	3,030 = 4,		<u>.</u>
	us (from status indicated abo SMALL ENTITY status. St		🗖 b. Applie	cant is no longer claiming SM	IALL ENTITY state	18. See 37	CFR 1.27(g)(2).	
The Director of the USPT NOTE: The Issue Fee and	O is requested to apply the I I Publication Fee (if required	ssue Fee and Public) will not be accepted	ation Fee (if a ed from anyon k Office.	ny) or to re-apply any previo c other than the applicant, a s	usly paid issue fee t registered attorney o	o the appl ragent; or	cation identified at the assignee or o	bove ther party in
interest as shown by the t		2010		Date	May 19,			
Authorized Signature	111111				n No. 50,5			
Typed or printed name	yeru des / 6/	Chapp //		Registratio	n NC.	in to #1- /	and by the TISPTO) to morece)
Typed or printed name an application. Confident submitting the complete this form and/or suggesti Box 1450, Alexandria, Virginia 223	ation is required by 37 CFR	1.311. The informat	ion is required	to obtain or retain a benefit	by the public which 12 minutes to comp	is to file (lete, inclu	ding gathering, po	eparing, and